

## CCS Special Care Center High Risk Infant Follow-Up (HRIF) Program Directory

To: Provider Services Unit  
Children's Medical Services  
Branch

Return completed form by or  
Fax: (916) 322-8798

Date: \_\_\_\_\_

Return completed form to:  
California Department of Health Services  
Children's Medical Services Branch  
Provider Services Unit  
MS 8100  
P.O. Box 997413  
Sacramento, CA 95899-7413  
(916) 322-8702

\_\_\_\_\_  
Printed Name of Medical Director

\_\_\_\_\_  
Signature of Medical Director

***Bolded categories are mandatory. This information must be completed.***

☐ Check this box if you do not provide HRIF services. Proceed to Item 3 and identify your NICU. Then proceed to Item 4 and indicate who you have arranged to provide the HRIF services.

1. Name of HRIF Program: \_\_\_\_\_

2. Facility Medi-Cal Provider Number that is linked or associated to the HRIF Program: \_\_\_\_\_

3. Name and address of your NICU and CCS NICU Special Care Center (SCC) directory number:

Name of NICU*:		CCS NICU SCC Directory Number:
Street Address:		
City, State, Zip code:		

\* Note: Your NICU SCC Directory number can be located at [www.dhs.ca.gov/ccs/scc/centertype.htm](http://www.dhs.ca.gov/ccs/scc/centertype.htm). Locate and click on "List by Center Type", then locate and click on NICU Directory Listing.

4. HRIF Program Name and Address:

HRIF Program Name:	
Street Address:	
City, State, Zip code:	

5. County the HRIF Program is located: \_\_\_\_\_

6. For Appointments Contact:

Name of contact person for HRIF Appointments:	
Title (i.e HRIF Coordinator):	
Street Address:	
City, State, Zip code:	

Telephone Number:	(   )
Fax Number and Email Address:	(   )

**7. For Authorizations Contact:**

Name of contact person for HRIF Authorizations:	
Title (i.e HRIF Coordinator):	
Street Address:	
City, State, Zip code:	
Telephone Number:	(   )
Fax Number and Email Address:	(   )

**8. HRIF Required Staff:** All HRIF required staff, with the exception of a pediatric nurse practitioner (PNP), when functioning as a HRIF Coordinator, must be CCS-approved (also known as CCS-paneled) to be listed\*\*. Physicians must indicate their individual Medi-Cal Provider number. Non-physician providers, without an individual Medi-Cal Provider number must list their professional license number. An individual team member may simultaneously serve in more than one role. Specialty must be indicated (e.g. ophthalmologist, pediatrician, psychologist, etc.).

Names of HRIF Required Staff	Specialty	Individual Medi-Cal Provider Number	Professional License Number	Telephone Number
Program Medical Director (Pediatrician/Neonatologist)				(   )
HRIF Coordinator***				(   )
Individual(s) performing developmental assessment****				(   )
Ophthalmologist(s)				(   )
Audiologist(s)				(   )
Psychologist(s)				(   )
Social Worker(s)				(   )

\*\* To obtain a CCS Panel application, go to [www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs). Locate and click on the "Forms and Publications" link, then click on the "Individual Provider Paneling Application for Physicians and Providers" form **DHS 4514**. For non-physician providers, click on "Allied Health Care Professional" form **DHS 4515**.

\*\*\* The HRIF Coordinator must be one of the following: CCS-approved pediatrician or neonatologist, registered nurse (nurse specialist [a Bachelor's of Science Degree in Nursing (BSN) prepared RN] or Pediatric Nurse Practitioner [PNP]), social worker (SW), occupational therapist (OT), physical therapist (PT) or a psychologist. The PNP can only be CCS-approved when functioning in the CCS HRIF Program as a HRIF Coordinator.

\*\*\*\* Individual performing developmental assessment can be any of the following: Pediatrician, neonatologist, PNP, nurse specialist, OT, PT, SW, or psychologist. With the exception of the PNP, all providers must be CCS-approved. The individual performing developmental assessments has training in the evaluation of motor and sensory development of high risk infants. ***If a PNP does not function as a HRIF Coordinator, he/she does not need to be CCS-approved.***

9. Other HRIF Specialists: These providers may already be listed above (i.e. the individual performing developmental assessment or HRIF Coordinator) and may be simultaneously listed in this table, as Other HRIF Specialists. Physicians must indicate their individual Medi-Cal Provider number. Non-physician providers, without an individual Medi-Cal Provider number must list their professional license number. Specialty must be indicated (e.g. ophthalmologist, pediatrician, psychologist, etc.).

Names of Other HRIF Specialists	Specialty	Individual Medi-Cal Provider Number	Professional License Number	Telephone Number
Pediatrician(s)/Neonatologist(s)				( )
Nurse Practitioner(s)				( )
Nurse Specialist(s)				( )
Individual(s) performing developmental assessment				( )
Occupational Therapist(s)				( )
Physical Therapist(s)				( )
Psychologist(s)				( )

To update this CCS HRIF SCC Directory information use form **DHS 4507** Special Care Center Directory Update.